



# ***KS Preparedness Times***

*Feature Story*



## **CPHP, KDHE Aid in Recovery from Devastating Tornadoes and Flooding**

**By Emily Nickel, KDHE Office of Communications Summer Intern**

**M**other Nature smacked Kansas with tornadoes in the southwest and then backhanded the state with flooding that affected over one-third of the counties in Kansas in early May.

The city of Greensburg in Kiowa County was virtually destroyed by one of the largest tornadoes ever recorded by the National Weather Service on May 4. Every building in the downtown area was damaged. Governor Kathleen Sebelius declared a state of disaster emergency for Kiowa County.

Tornadoes on May 5 in Stafford County damaged 70 structures and six structures in Pratt County. The area around the city of Hopewell was hardest hit. The Kansas Response Plan was activated and the Division of Emergency Management opened the State Emergency Operations Center (SEOC). The Kansas Department of Health and Environment (KDHE) had several roles in the response efforts, and Center for Public Health Preparedness staff helped coordinate the public health function, referred to in the Response Plan as Emergency Support Function #8 (ESF-8).

KDHE Division of Environment was also called on to monitor air quality, debris disposal and the restoration of the public water system in Greensburg. Widespread flooding occurred shortly after the tornadoes, resulting in disaster declarations in 37 counties KDHE Division of Health issued advisories and fact sheets on mold.

The Bureau of Child Care and Health Facilities worked to assure continued licensing of the Kiowa County Hospital by assigning the license to the temporary Expeditionary Medical Support System (EMEDS) hospital facility, and coordinated with the Centers for Medicare and Medicaid Services (CMS) to assure continued CMS approval for Medicare participation, critical to maintaining the viability of the hospital. Following EMEDS set up and stabilization of the situation, bureau field staff visited onsite to provide assurance, consultation and support, and provided information gathered on site to CMS per their request.

The Child Care Licensing Program facilitated the assistance of neighboring Ford County to consult and provide on site work to approve a licensed day care facility. Kiowa County Health Department was occupied with immediate disaster issues.

The CPHP served as the ESF-8 lead for the response and helped staff the State Emergency Operations Center, coordinated the health and medical activities, secured mission tasking numbers and health and medical supplies and equipment to support

## A Minute with Mindee, CPHP Director

We originally intended to publish the *KS Preparedness Times* quarterly, but this spring called for the CPHP to be involved in the response to some extraordinary weather emergencies. Spring has passed so we will call this edition the summer issue instead.

The recent tornado and flood-related disasters that many



Kansas communities have faced clearly brought home to me the importance of all-hazards preparedness planning. For those of you who like me have been involved in this area of work since 2002, the transition from bioterrorism preparedness to the notion of all-hazards has likely made this whole preparedness undertaking an easier

pill to swallow. It makes sense that in Kansas, each year we will face some type of natural disasters (such as ice storms) and naturally occurring disease outbreaks (such as mumps). It also makes sense that if we prepare for the inevitable, we are also preparing for things that some folks may feel are less likely to happen, such as a bioterrorism attack.

From the reports I've received from local health departments and hospitals involved in the recent natural disasters, their ongoing preparedness planning efforts paid off and helped keep their residents and the responders safe during the response and recovery efforts. My hat is off to all of you – please keep up the good work!

Please continue to send us any news on preparedness efforts in your area so we can highlight them. We hope to have *KS Preparedness Times* back on a quarterly publishing schedule, but again, you never know with the weather in Kansas!

Do you have news about your agency's preparedness efforts? If you would like to include it in the next issue of the *KS Preparedness Times*, please e-mail your news to Mike Cameron at: [mcamero1@kdhe.state.ks.us](mailto:mcamero1@kdhe.state.ks.us)



## CPHP Staff Update

### Susan Belt, Director of Evaluation and Exercise Development

Susan Belt has returned to the Center for Public Health Preparedness as the Director of Evaluation and Exercise Development. Susan's main responsibilities will be addressing ways in which to capture data for the CDC and HRSA performance measures and developing exercises.

Susan has a bachelor's degree from Pittsburg State University in Medical Technology and is a clinical laboratory scientist. She has worked in small rural hospitals and physician offices in Kansas and at trauma centers in Dallas/Ft. Worth.



Susan began working for KDHE in 1992 as a laboratory inspector, moved to inspecting long-term care facilities and hospitals, and eventually settled in the bioterrorism section in 2003. She spent time as the Hospital BT program manager, and assistant

director of the CDC public health program. Her most recent position was WMD Training Coordinator for the Kansas Highway Patrol.

Susan lives on a few acres in the "Great Berryton Desert," affectionately known as Windy Flats. She and her husband Paul, an environmental scientist with KDHE's meth lab clean-up program, have two cats, Hoobie and Woody. They enjoy traveling and in late 2006, completed an 18-day transatlantic cruise. This fall they are planning to spend time in the Caribbean. Susan is also an avid roller coaster fan.

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### HHS Delays Release of Federal Preparedness Grant Guidance

While usually in the heat of grant writing at this time of year, we are currently playing the "hurry up and wait" game. According to the Centers for Disease Control and Prevention (CDC), the public health preparedness cooperative agreement guidance is still in the federal clearance process and will not likely be shared with states for at least four more weeks. There are also delays on the hospital preparedness grant. The CDC has indicated that the guidance for the Pandemic Influenza portion of the grant may be released to states sometime during the week of June 25.

No drafts of the guidance will be shared with states and no information has been provided about the projected funding levels for each state. We anticipate that we'll have 30 calendar days from the release date to develop and submit each of our preparedness-related grant applications.

As soon as more definitive information is in hand from our funders, it will be shared with our local partners. In the meantime, if you have questions, please contact Mindee Reece, Director of KDHE's Center for Public Health Preparedness, at (785) 296-0201 or [mreece@kdhe.state.ks.us](mailto:mreece@kdhe.state.ks.us).



## NIMS Resource Typing Enters Health and Medical Community

By Michael McNulty, CPHP Operations Specialist

In a release from the National Incident Management System Integration Center (NIC), the NIMS-mandated resource-typing initiative continues. As this program moves forward, more and more equipment, teams, and individual typing criteria come to the forefront. Recently, the NIC asked for comments concerning some proposed resource typing criteria related to the health and medical community. KDHE has been asked and is currently in the process of providing comment.

As part of the initial 120 items that were typed by the resource criteria, the only health and medical assets were National Disaster Medical System (NDMS) teams. These teams are very large, nationally deployable assets that may support incidents of disaster. As the resource typing initiative moves forward, it was noted that more commonly shared resources needed to be typed to facilitate intra- and interstate mutual aid. Thus, the current project includes 25 medical category items which have been identified. In this current proposal all 25 items include teams ranging from Inpatient Mental Health Teams and RSS Task Forces to Medical Examiner/Forensics. Each of these teams has been proposed with various levels of criteria from Type I to Type IV, highest to lowest level of capability.

When the time for comment expires on these proposals, they will return to the national level discussions of subject matter experts in each of these areas for final approval. When approved, they will become the official national typing standard for the nation. It is anticipated that these standards will be utilized by Kansas to facilitate mutual aid both intra- and interstate. The timeline for these typing proposals to become final has not been released to date. More information about the NIMS Resource Typing initiative may be found at <http://www.fema.gov/emergency/nims/rm/rt.shtm>.

In other NIMS news, KDHE has developed and released NIMS Compliance Tools for both local health departments and hospitals to assist in identifying what level of ICS training is required for various ICS positions. These tools may be found on PHIX, under Planning Guidance, then GM Toolkit. The most notable change in these tools is the removal of the ICS-300 and ICS-400 training requirement for the hospitals. This removal was done in coordination and discussion with the Department of Health and Human Services and NIMS Integration Center personnel.

If you have any questions concerning NIMS or ICS implementation or training as it relates to health sector entities, please contact Michael McNulty, Operations Specialist, at 785-296-5201 or [mcmcnult@kdhe.state.ks.us](mailto:mcmcnult@kdhe.state.ks.us).



## Hospital Preparedness Program Develops 3-Year Work Plan

By Jo Cook, CPHP Grant & Contract Specialist

In April 2007, the Hospital Regional Coordinators along with members of the CPHP staff and representatives from the Kansas Hospital Association (KHA) convened in Wichita for the purpose of developing a three-year hospital work plan.

Prior to the planning retreat, KDHE staff assessed the primary goals, based on past and current grant guidance as well as the Target Capabilities List (TCL). The TCL defines the capabilities, outcomes, measures, and risk-based target levels of capability for the Nation in order to achieve the National Preparedness Goal. It also defines the role of preparedness partners in building and maintaining capabilities, as well as providing a basis to assess preparedness and to set priorities for the most effective use of our limited resources.

Each of the identified primary goals was assigned to a staff member to prepare progress bullet-points showing history and current status. Staff was also tasked with identifying state partner responsibilities for completing those goals. These state partners include both KDHE and KHA staff. Through the use of an outside facilitator, the regional coordinators dug deep into determining the responsibilities of the hospital regions for each of the identified goals. Ideas were tossed out, suggestions offered, wording debated, and honest opinions shared. More importantly, milestones were created and a plan emerged.

Having clear-cut goals based on the Target Capabilities List will better prepare regional and community hospitals for future grant cycles that are expected to be capability-based and competitive. A calendar of events that included exercises and drills through 2010 had specific hospital region milestones added to it, providing a very real picture of future preparedness plans for Kansas.

Steve Granzow, regional coordinator for the Northeast Region, was enthusiastic about the three-year work plan. "In my opinion," he said, "we made significant progress toward creating and implementing a broad-based approach to hospital preparedness planning that should carry us well into the middle of the next decade. It is this type of joint effort that keeps Kansas at the top of preparedness planning and response."

## Risk Communication Expert Returns to Kansas

By Mike Cameron, Risk Communication Specialist

For the fifth year in a row, Vincent T. Covello, Ph.D., visited Kansas to present risk communication seminars at three locations in April. Covello, founder and director of the Center for Risk Communication, led seminars in Colby and Salina and spoke to the Kansas Public Health Leadership Institute (KPHLI) Cycle IV Scholars in Wichita. He has presented Risk Communication principles to KPHLI scholars yearly since 2004. The seminars were held in conjunction with the Heartland Center at St. Louis University.



Using a mixture of PowerPoint slides, videos and anecdotes, Covello provided advice on preparing messages prior to a crisis or emergency. His presentation included emphasis on an **APP** template, calling for **Anticipating** what questions would be asked during the crisis, **Preparing** messages and responses in advance and **Practicing** the

delivery of those messages. He also presented a new communications model, named the **KDG** template. This template reminds communications personnel to tell the public what they need to **Know**, advise them what they need to **Do** and tell them where they can **Go** for more information.

Covello first visited Kansas in July 2003. During his visits, he has led seminars in Colby, Dodge City, Pittsburg, Salina, Topeka and Wichita. State and local government officials, as well as public health, hospital, fire/EMS, law enforcement and emergency management personnel have attended the seminars. He also conducted an intensive, two-day message mapping workshop in February 2004, attended by officials from several state agencies.

As a nationally and internationally recognized trainer, researcher, consultant and expert on Risk Communication, Covello has authored over 75 published articles in scientific journals and has authored or edited over 25 books. He has chaired over 30 national and international conferences on risk assessment, management, and communication. He has also directed workshops and training sessions on risk communication for over 200 Fortune 500 companies and over 200 government agencies.

Covello serves as a consultant to the CDC and the World Health Organization on risk communication issues centered on avian flu and pandemic influenza. He has worked on a diverse set of issues, including mad cow disease, foot and mouth disease, airline crashes, oil spills, genetically modified food, West Nile Virus, bioterrorism and recovery efforts after the tsunami in Asia and Hurricanes Katrina and Rita.

## Wyandotte County/KCK Public Health Department Recognized by CDC for SNS Capabilities

By Biagio Pagano, PIO and Health Education Coordinator, WYCO/KCK Unified Government Public Health Dept.

In fall 2006, the Unified Government (U.G.) Public Health Department of Wyandotte County was evaluated by the Centers for Disease Control and Prevention (CDC) on the organization's ability to receive, distribute and dispense the assets of the Strategic National Stockpile (SNS). The evaluation was based on the following multiple criteria:

- Overall Readiness
- Command and Control/Managing SNS
- Operations
- Requesting SNS Support
- Tactical Communications
- Public Information
- Security
- Regional/Local Distribution
- Controlling SNS Inventory
- Distribution
- Dispensing Oral Medications
- Treatment Center Coordination
- Training Exercise and Evaluation

In part, due to the number of natural disasters that have occurred in Wyandotte County, the U.G. Public Health Department has a history of working effectively with community partners. This has been a key to the success in this initiative.

"Working with our community partners has allowed us to develop a coordinated and comprehensive approach in preparing our county to effectively respond to public health emergencies," according to Gay Hall, director of Emergency Preparedness and Public Health Information and Education. "Our agency trains and exercises with our partners on a regular basis as well," stated Hall.

Planning is a continual process, and through this approach, Wyandotte County has been able to improve its programmatic steps by monitoring its past performances. The plan is continually updated and changes are made accordingly in order to maximize the effectiveness of the program.

Emphasis has also been placed on ensuring that the needs of special populations within the community were addressed. "A plan is only as good as it cares for those who are the most vulnerable in our population," stated Hall. "Ensuring that everyone has a way of receiving SNS assets is essential."

Another key component of this project is the support and technical assistance from Stacy Robarge-Silkner, KDHE SNS coordinator, and Sandy Johnson, operations director for the CPHP. Ensuring that local planning is incorporated into the local emergency operations plan and coordinated with state and federal plans is imperative.

Wyandotte County Public Health Department continues, through its coordinated approaches and dedicated staff, to have a model SNS program for other communities within Kansas and throughout the country.

## Reporting Suspicious Activity Key to Preventing Terrorism, Other Crimes

By Mike Cameron, Risk Communication Specialist

Those of us who work in public health, public safety, healthcare and emergency management have come to realize the importance of planning our response efforts to a wide variety threats to health and safety of our fellow Kansans.

Planning and exercising those plans may be our only way to respond to and recover from hazards caused by things we can't control, such as severe weather and naturally occurring disease outbreaks.

Terrorists usually begin their operations with extensive planning also. It is believed that Al Qaeda planned the attacks on the World Trade Center for over five years. We can all help detect and prevent terrorism – and other types of crime – by being aware of our surroundings, paying close attention to suspicious activity and reporting it to the proper authorities.

There are seven signs of terrorism that may signal that an attack may be in the planning stage. These same signs apply to some criminal activity, such as burglary or armed robbery. The seven signs to be alert for are:

- **Surveillance**
- **Elicitation (seeking information)**
- **Testing Security**
- **Acquiring Supplies**
- **Suspicious Behavior**
- **Trial Runs**
- **Getting Into Position**



All Kansans, not just law enforcement should be on the lookout for suspicious persons and activities. Encourage people in your area to report any persons or activities that appear suspicious. By encouraging people to get involved, it will make your community a safer place to live.

Remind people that in an emergency or when a crime is observed in progress, they should always dial 911. Encourage them to report suspicious people and activities to the local police or sheriff, by publicizing a local non-emergency number to call. Or they can call the Kansas Bureau of Investigation (KBI) at (785) 296-8200 or the FBI Kansas City field office at (816) 512-8200.

The Kansas Threat Integration Center (KSTIC) reviews reports of suspicious activity. KSTIC, consisting of a senior Kansas Army National Guard member, a Highway Patrol trooper and a senior specialist for the KBI, is tasked with sifting through information, categorizing it by relevance and administering reports to the appropriate areas of security.

By being observant and reporting suspicious people or activities and encouraging our constituents to do the same, we may just be able to prevent a terrorist act from ever occurring in Kansas, or in the very least prevent a crime before it can ever be committed.

Remember: terrorists and criminals with guns have already proved that, "It can't happen here" is just a myth.

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## KDHE Program Created to Teach Kids How to Stay Healthy During Flu Season

By Mike Cameron, Risk Communication Specialist

The "Keep Our School Healthy" program has been created as part of the KDHE **Don't Let Flu Bug U** multimedia campaign. A disk containing a variety of material in both DVD and print format was sent to all elementary schools in Kansas, beginning with those that have school nurses and others sent to the principals' attention. Copies were also sent to all local health departments.

There are two instructional videos on the disk. The first is aimed at kindergartners through third graders using language that younger children readily understand. The second targets children in grades 4-6. This video was scripted with older children in mind and includes some of the science of flu viruses and advice to get a yearly flu shot.

The DVD, which contains two videos on preventing the spread of influenza in a school, features an animated version of Dr. Howard Rodenberg, KDHE Director of Health, and Indian Creek School Nurse, Chris Tuck, R.N. Students from Indian Creek and Pleasant Hill Elementary Schools in the Topeka Seaman School District also appear in the videos.

The DVD was "premiered" at an all-school assembly at Indian Creek Elementary School on Feb. 22. Dr. Rodenberg

introduced the videos and presented certificates of appreciation to the students who were featured in the videos.

The DVD contains a variety of printed materials also. There are flyers for posting on bulletin boards in student traffic areas and others aimed at teachers and staff that can be posted in faculty/staff break areas. There is also a bookmark that can be printed three to a page on both sides of cardstock and trimmed.

There are also several fact sheets from the Centers for Disease Control and Prevention (CDC) on flu prevention and a School Planning Checklist to assist school administrators in preparing for an influenza pandemic. All material can be printed by the school or sent to a printer.

KDHE has posted the videos in Windows Media Player format along with the printed material in pdf on the **Don't Let Flu Bug U** Web site: [www.kdheks.gov/flu/FluBugU.htm](http://www.kdheks.gov/flu/FluBugU.htm). The site also has the radio and TV spots available for viewing or download.

The **Don't Let Flu Bug U** multimedia campaign included newspaper, Web site, TV and radio advertising statewide during December. The campaign was created with grant funds from the Centers for Disease Control and Prevention (CDC).



## Tornadoes, Flooding

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the local response, facilitated discussion about deployment of the EMEDS unit, provided just-in-time ESF-8 support training to staff, and coordinated closely with the Division of Environment, as needed, to assure environmental health issues were also addressed.



The WIC program of the Bureau of Family Health deployed two employees to the Disaster Recovery Center (DRC) in Haviland. After accessing the wireless Internet connection that was set up at the DRC, the staff were able to access the Kansas WIC information system and begin serving clients. Staff had the ability to issue WIC benefits to current clients. This included replacing any checks that were lost in the tornado. Staff could also certify and issue benefits to new clients. Nutrition counseling was also provided. Clients were informed that WIC services were available in any county, should the clients relocate. Using the WIC system, staff were able to track clients accessing services at other locations.

The Bureau of Consumer Health had a total of 16 licensed facilities; 13 licensed food service establishments and three licensed lodging establishments in Greensburg.

All establishments, except for one lodging establishment, were completely destroyed by the tornado. Included in the



food service establishment numbers are schools, senior meal sites and restaurants. KDHE did waive the food service and lodging license requirements for Kansas disaster relief centers. This waiver did not waive the safety standards that are in place to protect the public health, just the licensing requirements.

The food safety inspection staff reported to Greensburg early on in the morning on Saturday, May 5. Two food safety inspection staff members and one supervisor worked with the food service and lodging establishments and oversaw the voluntary destruction of food from those establishments. The other two food safety inspectors have been working in Greensburg during the recovery to monitor the food vendors



that are serving food. Currently there is a rotation of four food safety inspection staff members working in Greensburg three days per week to monitor the food vendors.

The staff has been involved with a variety of activities: working with the Kansas Department of Agriculture to oversee the voluntary destruction of over-the-counter drugs from retail grocery and convenience stores, visited the area shelters to provide educational handouts and answer questions and contracted local health departments to supply bottles of hand sanitizer and antiseptic wipes. A total of 301 bottles of hand sanitizer and 65 containers of antiseptic wipes were collected for distribution in Greensburg.







Staff members from the Bureau of Disease Control and Prevention were on site in Greensburg and assisted in administering tetanus vaccine to residents and responders and assuring an adequate supply of Td vaccine was available each day during the response.

Staff members also assisted in the Disaster Recovery Center in Haviland and provided immunization records to Greensburg residents. As of June 5, approximately 2,300 vaccinations had been administered and entered into the Immunization Registry (KSWebIZ).

The Center for Health and Environmental Statistics had two employees stationed at the Disaster Recovery Center in Haviland from May 8 through 16 to assist tornado victims with requests to replace certified copies of birth and marriage certificates for identification purposes. The staff also assisted the Immunization Program by taking requests for children's immunization records and distributing the faxed records. In addition, staff assisted victims who were not born or married



in the state of Kansas to obtain appropriate applications and make the necessary out-of-state requests.

A media announcement informed tornado victims how to continue to make vital record replacement requests by contacting the Topeka Vital Statistics office by phone, mail or walk-in. So far, a total of 355 certificates have been issued (278 birth, 77 marriage).

The Office of Communications helped staff the Command Post in Greensburg and the Joint Information Center at the SEOC. Activities included writing and distributing a daily community flier and radio update, maintaining a Web page about recovery activities and

responding to media inquiries. The staff served as the liaison between the Incident Management Team, KDEM and KDHE as needed. Also in the relief efforts the staff helped facilitate and assisted with special events, including coordinating an educational tour by fire officials, as well as taking photographs at the Memorial Day ceremony at the local cemetery.

The Bureau of Air and Radiation identified potential asbestos containing materials (ACM) in commercial and public buildings. The staff also provided oversight for removal at several building that did have ACM.

Field staff from the Bureau of Environmental Field Services in Dodge City provided the immediate response for the first 48 hours on site. The staff supported and led many of the environmental response activities using local staff in coordination with central office bureaus in Topeka.



The Bureau of Environmental Remediation worked with the Environmental Protection Agency (EPA) and locals on identifying cleanup needs and evaluated geology for location of burn sites and debris disposal. The Bureau provided staff to support the KDHE Bureaus of Waste Management and Environmental Field Services in debris disposal.

The Bureau of Waste Management provided regulatory and technical oversight for the debris disposal. They also coordinated removal of household hazardous waste, white goods and other materials with the EPA and local authorities. The Bureau assisted in the transition to local control of debris removal.

The Bureau of Water worked with the City of Greensburg and Kansas Rural Water Association to restore the public water supply in Greensburg. They also evaluated wastewater systems.

With all the involvement from each KDHE division and other state and federal agencies, Greensburg is on the path to a new beginning.

